

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|------|
| FEE DETERMINATION | PS | | 8/20 |
| O.I.P.E. CLASSIFIER | | 10 | 8/24 |
| FORMALITY REVIEW | CB | 810498 | 8/31 |

INDEX OF CLAIMS

| | | | |
|---------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — (Through numeral) | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Final Original | Date |
|-------|-------------------|----------|
| 1 | 12/27/97/99 | 2/20/00 |
| 2 | | 9/21/00 |
| 3 | | 12/14/01 |
| 4 | | 9/18/01 |
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| Claim | Date | |
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| Final Original | | |
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If more than 150 claims or 10 actions
staple additional sheet here

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